

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 61 | | | |
| 2 | | | | | | | 52 | | | |
| 3 | | 2 | | | | | 53 | | | |
| 4 | 1 | | | | | | 54 | | | |
| 5 | | | | | | | 55 | | | |
| 6 | | 1 | | | | | 56 | | | |
| 7 | | | | | | | 57 | | | |
| 8 | | | | | | | 58 | | | |
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| 10 | | | | | | | 60 | | | |
| 11 | | | | | | | 61 | | | |
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| 48 | | | | | | | 98 | | | |
| 49 | | | | | | | 99 | | | |
| 50 | | | | | | | 100 | | | |
| Total Indep | 2 | | | | | | Total Indep | | | |
| Total Depend | 19 | 6 | | | | | Total Depend | | | |
| Total Claims | 25 | 6 | | | | | Total Claims | | | |